

DEPARTMENT FOR WORKFORCE INVESTMENT
KENTUCKY OFFICE OF VOCATIONAL REHABILITATION
COMMUNITY REHABILITATION PROGRAMS
VENDOR APPLICATION AND ASSURANCES

1. The applicant must fully complete and submit the Community Rehabilitation Programs Vendor Application and Assurances form, including the OVR/OFB Vendor Application Form specifying your Tax Status, and Employer ID Number (FEIN).

*All Application submittals must also include a **W-9 form**, available here:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

2. Complete Applications should be mailed to:

Teresa Brandenburg
Office of Vocational Rehabilitation
275 E. Main Street
Mail Drop 2-EK
Frankfort, KY 40621

Please direct any questions regarding the application to:

Kari Skaggs, kari.skaggs@ky.gov
502-782-3429

Teresa Brandenburg, teresa.brandenburg@ky.gov
502-782-3445

DEPARTMENT FOR WORKFORCE INVESTMENT
KENTUCKY OFFICE OF VOCATIONAL REHABILITATION
COMMUNITY REHABILITATION PROGRAMS
VENDOR APPLICATION AND ASSURANCES

Organization Name

Address

City, State, Zip

1. Contact Person, Telephone, E-Mail

2. Contact Person, Telephone, E-Mail

Please provide as the contact person(s) a telephone number and an e-mail address of the most appropriate person(s) to receive communication about the CRP OVR policies, procedures, service fees, etc.

Not for Profit ☐

For Profit ☐

The definition of a 'Community Rehabilitation Program' contained in the Rehabilitation Act of 1973, as amended, contains the following:

“(ii) For the purposes of this definition, the word program means an agency, organization, or institution, or unit of an agency, organization, or institution, that provides directly or facilitates the provision of vocational rehabilitation services as one of its major functions.”

1. Type of Service/Outcome Applying for; (Check appropriate services)

CRP Services:

Served Last Year

- | | |
|---|-------|
| <input type="checkbox"/> Services with an Outcome of Competitive Employment | _____ |
| <input type="checkbox"/> Vocational Assessment | _____ |
| <input type="checkbox"/> Comprehensive Vocational Assessment | _____ |
| <input type="checkbox"/> Adjustment Services | _____ |
| <input type="checkbox"/> SSA Job Retention Service | _____ |
| <input type="checkbox"/> Skills Training through a CRP | _____ |
| <input type="checkbox"/> Transportation Services | _____ |
| <input type="checkbox"/> Other | _____ |

For a description of services, see the OVR CRP Manual.

2. Counties to be served _____

3. List of staff positions including education requirements for those providing direct services to OVR consumers. _____

4. Assurances: The applicant hereby assures and certifies compliance with the following program standards and assurances.
 - a. Accessibility of Programs: All programs must be fully accessible to all participants as specified under the Americans with Disabilities Act of 1990 and section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794. If any services are commonly provided in a location operated by the provider, that building must meet the requirements of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12181, and regulatory ADA Standards for Accessible Design, 28 CFR Part 36 (July 1, 2005).
 - b. Affirmative Action: All applicants shall take affirmative action to employ and advance in employment qualified individuals with disabilities, pursuant to the standards applied under title I of the Americans with Disabilities Act of 1990, 42 U.S.C. 12111 et seq., and the provisions of sections 501 through 504, and 510, of the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12201-12204 and 12210, as such sections relate to employment.
 - c. Debarment: Applicant certifies by signature on this application that neither it nor its principal(s) are presently debarred, suspended or proposed for debarment, by any federal or state department or agency.
 - d. Overpayment: Applicant certifies by signature that any overpayment made by OVR will be refunded by the applicant to OVR by end of the quarter that follows the overpayment.
 - e. Health and Safety: If any services are commonly provided in a location operated by the provider, that location must be in a workplace that is in compliance with all applicable state, local and federal OSHA regulations regarding the health, safety and welfare of employees and persons served.
 - f. Nondiscrimination: Maintains and implements written assurances that the provider does not discriminate on the basis of disability, race, color, national origin, sex, age and religion in training, activities, or employment practices in accordance with federal and state laws.
 - g. Monitoring: Will give the OVR access to and the right to examine all records, books, papers or documents related to the purchase of outcomes/services upon request with advance notice of no less than 30 days.
 - h. Invoice: Will not bill for and/or accept payment more than once for the same service or portion of the service to the same participant or for a service that is eligible for payment by another party.
5. The Office of Vocational Rehabilitation (OVR) does not require a Community Rehabilitation Program to be certified by national organizations. However, the OVR encourages certification by organizations such as the Commission on Accreditation of Rehabilitation Facilities, the Accreditation Council on Services for People with Disabilities, National Accreditation Council on Mental Health/Mental Retardation, etc. Certification by one of these organizations will provide the OVR with appropriate assurances that the organization is in compliance with standards listed above and has an efficient organizational management.
 - a. **Organizations that are certified by a national organization should include with this application a copy of their current certification letter.**
 - b. **Programs not certified by a national organization must be able to document their compliance with applicable program standards by making the following information available for review by OVR staff upon request:**
 - Copy of latest annual Independent CPA Audit Report
 - Copies of any OSHA audits/findings, for any location where services are commonly provided to OVR consumers
 - Copy of any recent state or local fire Marshall reports/findings
 - Copy of recent customer satisfaction survey results
 - Copy of recent accessibility survey that is in accordance with standards set forth in the Americans with Disabilities Act of 1990

In the event of dispute and/or consumer complaint filed with the Office of Vocational Rehabilitation against an approved vendor-provider of Community Rehabilitation Program services, the appropriate OVR Field Branch Manager and the OVR Director of CRP Services will within one month discuss the issue to resolve it. If no satisfactory resolution can be achieved with all parties at this point, the OVR Director of CRP services will further investigate the dispute and make recommendations to the OVR Executive Director. A final decision will be made and distributed in writing to all parties by the OVR Executive Director within thirty (30) days from the unsuccessful resolution between OVR and the CRP Executive Director. Referrals may continue to the CRP, until a resolution is reached or a final decision is issued by the OVR Executive Director.

This application is effective upon notification of approval by the Office of Vocational Rehabilitation and will be in effect until June 30, 2017, at which point a new application must be submitted, or if the application is either revoked in writing by OVR or cancelled with notice to OVR in writing by the Community Rehabilitation Program. In the case of supported employment services, an additional written agreement for a two-year period between the provider and the Office of Vocational Rehabilitation is required.

CRP Executive Director

Date

☐ Recommended for Approved as Vendor for CRP Services

Teresa B. Brandenburg
Branch Manager

Date

Buddy Hoskinson
Executive Director, Office of Vocational Rehabilitation

Date

Community Rehabilitation Program Information Sheet

Program Name:

Address:

Contact Person:

Telephone #:

Email:

Fax #:

Counties Served:

Web Address (if applicable):

Types of Services Offered: (Please check)

☐ Competitive Employment Outcome

☐ Vocational Assessment

☐ Comprehensive Vocational
Assessment

☐ Adjustment Services

☐ Skills Training

☐ Job Retention Services for SSI/SSDI Recipients

☐ Supported Employment Services

Person Centered Job Selection

Job Development

Supported Employment Outcome

Target Population:

Hours of Service:

Admission Criteria:

Program Accreditations:

Staff Certifications:

Other Services:

Comments:

**Education and Workforce Development Cabinet
Office of Vocational Rehabilitation
Office for the Blind**

VENDOR APPLICATION FORM

The Office of Vocational Rehabilitation (OVR) and Office for the Blind (OFB) assist Kentuckians with disabilities achieve suitable employment and independence. Thank you for your willingness to collaborate with our agencies in support of that mission.

The information below, along with a completed IRS Form W-9, is required to process this application. Failure to provide the required information will delay the acceptance of your application.

Business Information

Legal Business Name:

Doing Business As (DBA) *(if applicable)*

Mailing Address:

Payment Information

Remittance Address *(if different from mailing address)*

Remittance City County Location:

County or Counties where your services are offered ***(List all counties or attach additional sheets if necessary):***

Business Contact Information

Contact Person (full name and title):

Contact Person Telephone Number: Fax:

Contact Person Email:

Tax Information

9 Digit Taxpayer ID (SSN):

Employer ID Number (FEIN):

Tax Status (Please Select One)

☐ Individual

☐ Sole Proprietorship

☐ Partnership

☐ Estate/Trust

☐ Corporation

☐ Public Service Corporation

☐ Government

☐ Non-profit Agency

Service Provided (check all that apply)

☐ Assistive Technology

☐ Hotel/Motel/Lodging

☐ Psychologist

☐ Attendant Care

☐ Housing/Food

☐ Reader

☐ Business/Trade/Technical School

☐ Laboratory

☐ Retail/Wholesale

☐ Child care

☐ License and Permits

☐ Supported Employment

☐ Chiropractor

☐ Medical Clinic

☐ Transportation

☐ College or University

☐ Note taker/Tutor

☐ Van Modification

☐ Dentist/Oral Surgery

☐ On-the-Job Training/Job Coaching

☐ Dietary Services

☐ Optometrist

☐ Electronic Equipment

☐ Pharmacy

☐ Hospital (In or Out Patient)

☐ Property Management

☐ Medical Professional (please specify):

☐ Therapist (please specify):

☐ Interpreter (please specify):

☐ Other not listed (please specify):

Certificate/Licensure(as appropriate):

Certificate/License Number:

Date Certificate/License valid through:

Education and Workforce Development Cabinet
Office of Vocational Rehabilitation
Office for the Blind

MANDATORY GUIDANCE GOVERNING PURCHASE OF SERVICES

The Kentucky Office of Vocational Rehabilitation (OVR) and the Office for the Blind (OFB) must comply with state and federal law concerning additional charges that may be levied against an OVR or OFB consumer. Pursuant to state law, 781 KAR 1:020 § 5, a vendor providing any service authorized by OVR and OFB is prohibited from, and **shall not charge or accept from the applicant/consumer or his/her family any payment for such service, unless the amount of such charge or payment is previously known to and, where applicable, approved in writing by OVR or OFB.**

In accordance with 34 CFR § 361.53, full consideration must be given to any comparable benefits available to the consumer under any other programs to meet, in whole or in part, the cost of vocational rehabilitation services. Such comparable benefits include, but are not limited to, Medicaid, Medicare, private insurance and /or any other health insurance and all forms of federal, state and private post-secondary financial aid.

Applicant agrees to comply, and assures the compliance of each subcontractor, with Federal requirements and guidance regarding human trafficking, including, but not limited to The Trafficking Victims Protection Act of 2000 (TVPA), as amended, 22 U.S.C. § 7104(g), 2 C.F.R. part 175, and Executive Order 13627.

Applicant certifies by submission of this application that neither it nor its principal(s) are presently debarred, suspended or proposed for debarment, by any federal or state department or agency. Applicant further certifies that if it should become debarred it will let OVR know of such debarment within 72 hours of learning of the debarment.

An Authorization for Goods and/or Services from the Office of Vocational Rehabilitation or the Office for the Blind is a guarantee of a base payment to the vendor.

The base rate is determined by fee schedules and Service Fee Memoranda found on the OVR internet site <http://www.ovr.ky.gov> or other mechanism to establish a payment rate. Should the service provider elect not to accept an OVR or OFB Authorization for Goods and/or Services, the vendor must return the Authorization to the authorizing counselor upon receipt. The consumer will be notified by the OVR or OFB counselor that the agency will not be responsible for services provided by this vendor.

When OVR or OFB is an involved purchaser of services, itemized bills, appropriate reports, discharge summaries, diagnostic test results must be provided to the authorizing counselor. Failure to provide such will result in payment delays to the vendor and/or service delays to the consumer.

Any overpayment to a vendor shall be reimbursed to OVR or OFB within 30 days of the time the account goes into over-payment status.

Be advised that there is a Reciprocity Agreement between the Commonwealth and the U.S. Treasury. The U.S. Treasury will intercept federal payments if the vendor owes funds to the commonwealth and the Commonwealth will intercept state payments where the vendor owes funds to the U.S. Treasury.

The applicant certifies by submission of this document that the providers of the service(s) will comply with all mandatory guidelines described above and will meet all licensing/accrediting/certification requirements of OVR/OFB as well as applicable state and federal requirements.

The Kentucky Education and Workforce Development Cabinet, Office of Vocational Rehabilitation, and Office for the Blind do not discriminate on the basis of sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law.

Authorized Signature:	Printed Name:	Date:
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(THIS SECTION MUST BE COMPLETED BY THE OVR OR OFB COUNSELOR/ASSISTANT)

Counselor Signature:	Type of Vendor / Service Provider
Assistant Signature:	*MUST CHECK ONE* and include verification of completion of OVR requirements
<input type="checkbox"/> New Vendor	<input type="checkbox"/> Community Rehab Program-State/County/City Government
<input type="checkbox"/> Address Change	<input type="checkbox"/> Community Rehab Program –Private
<input type="checkbox"/> Name Change	<input type="checkbox"/> Other Vendors- State/County/City Government
	<input type="checkbox"/> Other Vendors - Private